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## APPLICANTS

Gust H. Bardy, Seattle, WA;

Riccardo Cappato, Ferrara, ITALY;

William J. Rissmann, Coto de Caza, CA; Gary H. Sanders, Rancho Santa Margarita, CA;

*Verified KOM*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/663,607 09/18/2000 PAT 6,721,597  
and is a CIP of 09/663,606 09/18/2000 PAT 6,647,292

*verified KOM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none KOM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 10/12/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 17	TOTAL CLAIMS 219	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>Krista Miller</i>	Initials <i>sdm</i>		

## ADDRESS

21691  
CROMPTON SEAGER AND TUFTE, LLC  
1221 NICOLLET AVENUE  
SUITE 800  
MINNEAPOLIS, MN  
55403-2420

TITLE *Active Housing and Subcutaneous Electrode Cardioversion/Defibrillating System*  
~~Cardioverter defibrillator having a focused shocking area and orientation thereof~~

<i>KOM 2/3/06 per SPEC 11/28/05</i>	FILING FEE RECEIVED 2291	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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